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ABSTRACT

Data from two research studies in Newfoundland, Canada are summarized. The first study examined divorced persons and their family patterns. It was found that numbers and timing of children did not affect marital stability, and neither did whether children were born before or during the current marriage. But whether the children were planned had a statistically significant effect on the stability of the marriage. The second study looked at single parents, using the same fertility variables. A similar effect on marital stability was found. The conclusions drawn from these data were: (1) There is a definite lack of clarity as to what is family planning policy and what is actually population policy. Family planning policy must be clarified and personalized. (2) Many policies are unplanned and unintentional. Policies need to be made more positive, and more related to other family policies. (3) There needs to be a shift in focus, from improving contraceptive technology to emphasizing personal decision making. (Author)

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NEW DIRECTIONS IN FAMILY PLANNING POLICY

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NEW DIRECTIONS IN FAMILY PLANNING POLICY

We first became interested in family planning policy as a result of our research into the causes of divorce (Johnson 1977). We found in our analysis of the data that one of the more significant variables affecting the stability of marriages was the fertility planning variable. Yet, we could find no reference in either the divorce literature or the family planning literature to the incorporation of this variable at the policy level. In fact, particularly in Newfoundland, we found that family planning policy is almost completely left at the demographic level. There appears, in fact, to be very little "family" in family planning policy.

In part, this is due to the more pressing demographic problems- the world's population will double in the next fifteen years, if there is not a change in fertility patterns (Barrett and Taylor 1977), yet there will not be a concomitant increase in the world's food or energy resources. But in part it is due to a conceptual confusion. For example, both Cogswell and Sussman (1974) and Leeton (1973) talk of the need to move from the broad societal down to the individual (macro to micro) end of the continuum. But, at the macro end, the central concern is with supply and demand curves; while seldom is this a salient concern to a couple deciding to have protected or unprotected intercourse. There are, in other words, two continua, two sets of variables, that do not

necessarily interact in other than the use of common technology. We thus decided to explore present family planning policy trends to see if it would be possible to clarify the key variables of each continuum and make recommendations for future policy directions.

Effect of Fertility Planning of Marital Stability

The literature on the effects of fertility on marital stability is somewhat unclear. It has been shown that the number of children present in a family (Monohan 1962) and premarital pregnancy (Furstenburg 1976) have an influence on the stability of the marriage. A number of studies have looked at marital adjustment and its relationship to family size (LeMasters 1957, Dyer 1963, Blood and Wolfe 1960). Often these studies are based on the assumption that there is little time or energy for a marital relationship as the family size increases, or the economic base of the family becomes more tenuous. But Udry (1974), after reviewing the research, concluded that there were too many contradictory findings for there to be established that there is any kind of reliable relationship between presence or absence of children as marital adjustment.

We formulated four research hypotheses:

1. Having children present in the family will reduce the possibility of divorce.

2. The larger the number of children produced by the present marriage, the higher the probability of divorce.

3. The number of children produced before the present marriage will reduce the probability of the marriage being stable.

4. The more the children in the family are planned, the lower the probability of the marriage being unstable.

These hypotheses were tested on a random sample of divorced, and a matched group of married persons, from Spokane County in 1977. Results of that study are shown in Tables 1 to 4. As may be seen, there was no effect on marital stability by number of children (or none), or by whether children came before or during the current marriage. But of significant effect was whether or not the children, whatever the number, were planned.

Table 1. Presence or Absence of Children in Relationship to Stability

	Divorced	Married		
Children Present				
Total	68	33	101	
Men	28	16	44	
Women	40	17	57	
No Children Present				
Total	95	69	164	
Men	37	31	68	
Women	58	38	96	
	163	102	265	Total X^2 = 1.953, N.S.
	65	47	112	Men X^2 = 0.593, N.S.
	98	55	153	Women X^2 = 1.086, N.S.

Table 2. Analysis of Variance of Number of Children From This Marriage Between Divorced and Married Groups

Source of Variance	df	Sum of Squares	Mean Squares	F
Between Groups	1	0.23523	0.23523	0.93674 N.S.
Within Groups	116	29.12918	0.25111	
Total	117	29.36441		

Table 3. Analysis of Variance of Number of Children From a Previous Marriage Between Divorced and Married Groups

Source of Variance	df	Sum of Squares	Mean Square	F
Between Groups	1	0.12950	0.12950	0.73163 N.S.
Within Groups	52	9.20384	0.17700	
Total	53	9.33334		

Table 4. Analysis of Variance of Fertility Planning Between Married and Divorced Groups

Total

Source of Variance	df	Sum of Squares	Mean Square	F
Between Groups	1	3.46731	3.45631	15.436
Within Groups	161	36.16459	0.22462	
Total	162	39.63190		

Correlation Coefficient = .29578 $p \leq .001$

Males

Source of Variance	df	Sum of Squares	Mean Square	F
Between Groups	1	0.81541	0.81451	3.3648
Within Groups	65	15.75176	0.24233	
Total	66	16.56717		

Correlation Coefficient = .22185 $p \geq .05$

Females

Source of Variance	df	Sum of Squares	Mean Square	F
Between Groups	1	2.74577	2.74577	12.76939
Within Groups	94	20.21257	0.21503	
Total	95	22.95834		

Correlation Coefficient = .34583 $p \leq .001$

This research was replicated in part in a random sample of single parents in St. John's during this past year. The results were somewhat confounded by the inclusion of a sizeable preportion of widowed females whose marital fate can not, of course, be conceptually tied to fertility as a causative factor. Preliminary results from this study are shown in Table 5.

Table 5. Comparison of Number of Children Planned Between Single and Dual Parent Families

	Single Parent	Dual Parent	Total
All Planned	38	104	142
Some Planned	18	49	67
None Planned	42	61	103
TOTAL	98	214	312

$X^2 = 6.934$ df = 3 p = .05

Certainly the effects of insufficient fertility planning are felt at the micro level. In our Spokane data, the planning variable alone accounted for 22% of the variance in marital stability for males, 35% for females. The effects are lower, but certainly still present, in our St. John's data. Whether a family has 2.7 children or 1.8 might have an effect on the total size of the population, but does not by itself affect the future of individual families. Yet family planning policy in Canada is predominantly concerned about the total numbers of children in families.

History of Family Planning in Canada

Although the beginnings of family planning in Canada as we know it today started in the early thirties, the first ventures were done illegally. Legislation under the Criminal Code had been passed in 1892 forbidding the sale or advertisement of contraceptive devices and the dissemination of information about birth control. The most effective promotional program was begun in 1929 by A.R. Kaufman, a wealthy industrialist from Kitchener, Ontario, who conducted through his Parent's Information Bureau a free mail order service across Canada. More than 225,000 mothers used this service to obtain simple contraceptives. As a result of the celebrated trial of one of his social workers in Eastview, Ontario, Kaufman also obtained an important legal judgement in 1937 from the Supreme Court of Ontario that contraceptive information and services were possible legally if they were in the public good (Knight 1976).

The oldest continually operating family planning clinic in Canada was opened in Hamilton, Ontario in 1932. In 1934 services were also established in Winnipeg but progress was slow and activity fitful across the country. By the late fifties, the law was largely being ignored, and contraceptives had become available in drugstores. Oral contraceptives, intrauterine devices, and diaphragms were being freely prescribed by physicians. Unfortunately, family planning methods were mainly available to the highly motivated and more informed members of society. Couples least able to support large families were not able to afford the services of private physicians or to gain access to birth control information and methods in other ways.

In 1969, an amendment to the Criminal Code of Canada permitted the legal dissemination of birth control information and the sale of contraceptives. The words "prevention of conception" were removed from the Code, and abortion was legalized in the same year. This amendment cleared the way for federal activity to begin in the field of family planning.

In 1970, in response to public demand, to the recommendations of the Royal Commission on the Status of Women, and in recognition of the basic rights of Canadians to exercise free individual choice in the practice of family planning, the Government of Canada announced a federal program of public information, training, and research in family planning. In January 1972 the Family Planning Division was created in the Department of National Health and Welfare to provide a focal point for federal programs. This was followed by the first national conference on family planning held in Ottawa in 1972. Among the many recommendations coming from that conference was that the Division was to provide curriculum materials and courses in family planning and family life education to people working in the fields of education, health, and social work.

It is interesting to note that as late as 1975 Canadian television stations did not accept advertisements for contraceptives, even though many newspapers did. However, by 1975 it was no longer uncommon to find family planning information booths in shopping centers in many

communities, as well as at local fairs and exhibitions. Also in 1975 the largest national voluntary agency in the family planning field changed its name from the Family Planning Federation to the Planned Parenthood Federation of Canada. This was partly in order to bring the name into line with the international organization, and partly to convey a slightly different meaning.

Current Family Planning Policy

Our present policies regarding family planning were shaped by the federal government when they established the Family Planning Division of the National Health and Welfare Department in 1972. The official objective is to ensure the accessibility and availability of family planning services to all Canadians who want them. However, three considerations helped shape federal policy in the field (Knight 1976):

1. Since family planning involves emotionally charged behavior in an area traditionally regarded as private and personal, the government must avoid even the appearance of telling people what to do.
2. Since the institutional means of implementing federal programs are largely controlled by the provinces, through their departments of health, education, and welfare, the federal government cannot demand their participation.
3. Voluntary agencies have an important role to play in identifying family planning needs and developing ways of meeting these needs.

These considerations have been perceived as constraints by the federal government, with the result that, while officially they approve of the right of every citizen to have access to contraceptive technology, they can go no further than approve and encourage. If the various provinces choose not to implement any family planning programs, none will be implemented. And provincial governments take varying attitudes toward establishing policy in family planning. In 1970, Saskatchewan and Nova Scotia had established policy in family planning; in 1972 Quebec Ministry of Social Affairs announced a policy; but Newfoundland has yet to take an official stand.

This means that the current family planning policy across the country is relatively inconsistent, and still relatively undeveloped despite the fact that several provinces have established official policies and a few have actual contraceptive programs. Within this relative inconsistency, however, there is a general theme. That is, the general thrust of opinion and public policy in the country is that control of contraceptive use and information should be in the hands of the citizen rather than with the government. Though there are still areas in the country where it is difficult or impossible to gain access to contraceptive technology the numbers of these areas is reducing progressively. But the main problem with this sort of policy is that it still encourages population goals.

That is, rather than allow biology to determine the size of the population, as was the case when there was prohibition of contraceptives, we now have social determination of population size. It is a bit like letting the dollar float, rather than fixing its value: in either case, what is of central concern is the national economy, not the benefit to the individual consumer. If the federal government, or any other main policy-maker, were concerned about family planning goals, rather than population goals, it would need to establish more positive steps to provide information to the individual fertile person so he/she could decide on his/her own how to plan his/her fertility.

The most striking example of what we mean here about family planning policy being a change in form rather than a change in substance can be found in the illegitimacy statistics (Table 6). The example chosen here is from one province's records, but the pattern is matched in other provinces, and in the U.S. (Chilman 1977). As the table shows, the introduction of the Family Planning Division in 1972 has had no effect on the illegitimacy rate; it has continued to increase. Further, the increase has been in the younger age categories. Now, these numbers should be approached with some caution, for the marriage rate for adolescents has dropped, so what we might be seeing here in part is a reduction in legitimate births, but not necessarily an increase in illegitimacy. But with the birth rate as a whole declining, for married persons as well as single, it seems permissible to say that the segment of the population with the least general social controls with respect to fertility

Table 6. Illegitimate Births in Newfoundland

Year	Illegitimate Births	Rate*	All Births	Rate**
1965	773	52.6	14740	29.6
1966	832	59.4	14084	28.5
1967	858	66.8	12744	25.6
1968	948	73.9	12820	25.3
1969	1033	79.5	13000	25.3
1970	1122	89.5	12539	24.2
1971	1229	96.3	12767	24.5
1972	1345	104.3	12898	24.0
1973	1345	113.0	11906	22.0
1974	1187	116.0	10236	18.9
1975	1485	146.0	10466	18.5

*Rate per 1000 Live Births
**Rate per 1000 Population

Source: Department of Health Report, Province of Newfoundland, 1975

regulation has been least affected by the increasing availability of contraceptives. That is, while there certainly is a general social prohibition against premarital pregnancy, there are few general social controls--such as higher food bills (adolescents don't pay for their own food, generally so don't know what an extra mouth to feed costs).

The point here is that an independent married couple will be more aware of both the internal marital and family costs and the community and social norms about family size, than will the adolescent who is not planning to be in the situation where she will have a child in the first place (it just happens). Without a formal policy that recognizes family planning needs, not just contraceptive availability, those parts of the population with the weakest support systems will be the most vulnerable to pregnancy.

This is perhaps part of what we were finding in the research reported above: those couples who were most vulnerable to stress and breakdown were less likely to realize the importance, not just of fertility, but of fertility planning. This lack of planning then exacerbated the difficulties caused by lack of planning in other areas of their lives, with the result that their marriage became much more prone to dissolution.

New Direction in Family Planning Policy

As Watters (1976) pointed out, there are at least four categories of family planning policy: 1) policies affecting populations and/or people

indirectly and unintentionally; 2) those affecting them directly but unintentionally; 3) those affecting them intentionally but indirectly; and 4) those affecting people/populations directly and intentionally. Most of both government and private policy could be commented on under these four headings, and it is not our intention to be so comprehensive. But we do think that it is permissible, given the assumptions implied in the above discussion, to suggest the following:

1. There is currently a definite lack of clarity as to what is family planning policy and what is really population policy. As Breiland et al (1975:138) note: "We must, from a social policy point of view, distinguish between a national policy on family planning and one of population control. Family planning depends on individuals making a decision to voluntarily control their fertility." It does not involve either legal or social control of fertility (in our analogy, fixing the dollar or letting it float). It may be desirable for a couple to be informed about national population needs and goals before they make their own fertility decisions, but the key point here is that they will have neither clear personal guidelines nor a clear conception of national population needs if there is policy confusion.

Population policy involves a central concern for at least three critical variables (Barrett and Taylor 1977): size and growth rate of the total population, distribution of that population, and its age structure. To this point in time there is no clearly identified population policy; but there are policies identified as family planning policies

that affect population goals or needs - the effect of non-involvement of positive policies with adolescents was the example used. Without a clear distinction between population and family planning policies, at the conceptual level, we might never develop either.

2. We agree that many policies are unintentional. When the government changed the laws on abortion, for example, they meant to make abortion available to any woman in the country who needed one; but, in part to placate religious concerns, they defined abortion in disease terms. The result of this is that any woman needing an abortion must apply to a local "therapeutic abortion committee." At best, this has meant that a woman who has sought an abortion as the solution to a problem is told that it is in fact a problem in itself; at worst, the bureaucratization has involved substantial delays so that even if an abortion would have been approved by the committee, it doesn't review the case until it is too late to perform the procedure.

There is a need to make policy clear, intentional, and positive. The age at which fertility begins is younger each generation, as is the age of entry into sexual activity, but there are fewer younger marriages (Chilman 1977). A large number of young people are exposed to pregnancy for a number of years before they are legally and emotionally ready to become parents. If the law is made more open, young people who are highly motivated and knowledgeable will be able to obtain contraceptives. But most young people are not this motivated or knowledgeable. Education

regarding the importance and the use of birth prevention must be made more agressive, so that the decision a young person makes is less "Should I find out about contraceptives?", and more "Do I want to become pregnant tonight?"

3. Our data on the effects of fertility planning on marital stability suggest that education should not be left at the level of means of contraception alone. We found that the planning of fertility was at least as important as the numbers of children, or their spacing. We would suggest that family planning is less a matter of the use of technology and more one of relationship building.

4. It has been noted in the literature that the 1970's are a time of increasing social conservatism. In one study, the development of this conservatism over time was documented (Dunlap 1977). It was found that this social trend included a reduction in support for particularistic services, designed for a small proportion of the population, and an increase in support for programs that are available to all. As the most common patient of public family planning services is the young single woman, it might be that many of our agencies and clinics are perceived as being particularistic and thus are not supported. It would be better if we could recognize in both policy and program that most people will have to make continuous decisions about their fertility throughout the major portion of their life span.

Family planning in Canada, as in most other countries, is very much

in the beginning stages of its development. We are fortunate in having been able to develop a federal policy that encourages the availability of family planning knowledge and method. It is hoped that what we have developed to this point in time should not be seen as an answer to family planning policy, but only a beginning, and that an active stance can be assumed by all those - governmental as well as non-governmental - who lead the development of policy in the country.

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